## This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

## NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: 09/488942 Best Available Copy

## Total Fee Calculation

Total ree Calculation											
	Fee Code	Total # Cluims	Number Extra	<u>x</u>	Fee	Fee	=	Total			
	Sm./Lg.				Sm. Entity	Lg. Entity					
Basic Filing Fee	201/101					690,00	*	690,00			
Total Claims >20	203/103	-20 =	<u> </u>	X		<u>-</u>	<b>-</b>	·			
Independent Claims >3	202/102	5 .1 =	2	x		78.00	-	: <u>150,00</u>			
Mult. Dep Claim Present	204/104										
Surcharge	205/105	•				138.00	#	130.58			
English Translation	_139										
TOTAL FEE CALCULA	NTION					÷		976.00			
Fees due upon filing t	he application:						. •				
Total Filing Fees Due	= \$	976,00									
					•						
Less Filing Fees Subm	nitted - \$		<del></del>	_	•						
		•			·						
BALANCE DUE	= \$	76.00		<del></del>							
D. Thomas	<u> </u>			•							

Office of Initial Patent Examination

## PATENT APPLICATION FEE DETERMINATION RECORD

**Application or Docket Number** 

Effective December 29, 1999								09/488 942						
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
FOR			NUMBE	R FILED		NUMBER E	EXTRA	F	ATE	FEE		RATE	FEE	
BASIC FEE						n de la companya de				345.00	OR	76 m	690.00	
TOTAL CLAIMS			12	minus 2	20=	*		\ \ \	(\$ 9=		OR	X\$18=		
IND	DEPENDENT CL	AIMS	5	minus	3 =	* 2			(39=		OR	X78=	1560	
MULTIPLE DEPENDENT CLAIM PRESENT							+	130=		OR	+260=			
* If the difference in column 1 is less than zero, enter "0" in column 2								 T(	OTAL		OR	TOTAL	846.0	
(Column 1) (Column 2) (Column 3)								S	OTHER THAN SMALL ENTITY OR SMALL ENTITY					
ENT A		CLA REMA AF	AIMS AINING TER DMENT		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDW	Total	* [	7	Minus	**	20	=	×	<b>(\$ 9=</b>		OR	X\$18=		
AMENDMENT	Independent	*	5	Minus	**1	3	=2	<b>\rightarrow</b>	(39=		OR.	X78=	1562	
	FIRST PRESE	NTATIO	N OF MU	JETIPLE DEF	PENL	DENT CLAIM		+	130=		OR	+260=		
	D 0					•			TOTAL		ا ا	TOTAL ADDIT. FEE	896,40	
	Meso	) (Colu	mn 1)		(0	Column 2)	(Column 3)	ADL	IT. FEE	<u> </u>	1	AUUII. FEEL	<u> </u>	
AMENDMENT B		CLA REMA AF	AIMS AINING TER DMENT	######################################	PI	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	F	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDN	Total	* 1	/	Minus	**	20_	=	×	\$ 9=		OR	X\$18=	1	
AME	Independent	*	) NOE MI	Minus	- **	· 3	= /	>	(39=		OR	/X78= <sup>8</sup>	7800	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+	130=		OR	+260=		
								400	TOTAL IT. FEE			TOTAL ADDIT. FEE		
		(Colu	ımn 1)		. (0	Column 2)	(Column 3)	. AUL	III. FEE I		3			
AMENDMENT C		CLA REMA AF	AIMS AINING TER DMENT		PI	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	F	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDIN	Total	*		Minus	**		=	X	\$ 9=		OR	X\$18=		
AME	Independent	*		Minus	**		=	X	(39=		OR	X78=		
Ļ	FIRST PRESE	NTATIO	N OF MU	JLTIPLE DEF	PEN	DENT CLAIM						+260=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									130=		OR.	TOTAL		

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
\*\*\*If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

TOTAL

ADDIT. FEE

TOTAL

ADDIT. FEE